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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7067

SERIAL NUMBER 09/464,039	FILING DATE 12/15/1999 RULE	CLASS 800- 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 5800-49
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APPLICANTS

Rachel Meyers, Newton, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 26	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

826
ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE , NC
28280-4000

TITLE

21612, 21615, 21620, 21676, 33756; Novel human alcohol dehydrogenases

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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826
ALSTON & BIRD LLP
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101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE , NC
28280-4000

TITLE

21612, NOVEL HUMAN ALCOHOL DEHYDROGENASES

FILING FEE RECEIVED 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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CONFIRMATION NO. 7067

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SERIAL NUMBER 09/464,039	FILING DATE 12/15/1999 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. MP199-119M
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APPLICANTS

Rachel Meyers, Newton, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	26	6	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

30405
MILLENNIUM PHARMACEUTICALS, INC.
40 Landsdowne Street
CAMBRIDGE , MA
02139

TITLE

21612, NOVEL HUMAN ALCOHOL DEHYDROGENASES

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